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DLN: 93493134064161 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 C Name of organization D Employer identification number B Check if applicable: WGBH Educational Foundation ☐ Address change 04-2104397 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite \square Application pending (617) 300-2000 City or town, state or province, country, and ZIP or foreign postal code Boston, MA $\,$ 02135 $\,$ G Gross receipts \$ 293,336,323 Name and address of principal officer: H(a) Is this a group return for Jonathan C Abbott □Yes ☑No subordinates? One Guest Street H(b) Are all subordinates Boston, MA 02135 ☐ Yes ☐No included? I Tax-exempt status: **✓** 501(c)(3) 4947(a)(1) or If "No," attach a list. (see instructions) 501(c) () **◀** (insert no.) **H(c)** Group exemption number ▶ Website: ► www.wgbh.org L Year of formation: 1951 M State of legal domicile: K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: WGBH enriches people's lives through programs and services that educate, inspire, and entertain, fostering citizenship and culture, the joy of learning, and the power of diverse perspectives. Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 30 4 28 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 1,515 1,500 Total number of volunteers (estimate if necessary) . . 6 7a 6,033,073 Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 39 7b **Current Year** 123,418,771 110,246,644 8 Contributions and grants (Part VIII, line 1h) . 60,437,197 Program service revenue (Part VIII, line 2g) . . . 73,615,958 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 7,572,510 10,237,316

× es		Beginning of Current Year	End of Year
	19 Revenue less expenses. Subtract line 18 from line 12	-15,893,111	-23,903,408
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	220,616,264	222,280,161
Ω.	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	119,248,895	121,308,597
κbe	b Total fundraising expenses (Part IX, column (D), line 25) ▶24,269,204		
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	733,370	3,441,631
8	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	95,246,766	94,068,178
	14 Benefits paid to or for members (Part IX, column (A), line 4)		(
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,387,233	3,461,755
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	204,723,153	198,376,753
	TI Other revenue (Part VIII, Column (A), Illies 3, 60, 60, 90, 100, and 11e)	113,314	17,433,390

Net assets or fund balances. Subtract line 21 from line 20 Signature Block

20 Total assets (Part X, line 16) .

21 Total liabilities (Part X, line 26) .

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign	
Here	

Paid **Preparer** Use Only

Sign	ature of officer			Date		
	n A Alexander III CFO e or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
	Firm's name WGBH EDUCATION	AL FOUNDATION	·	Firm's EIN ► 04	1-2104397	
	Firm's address ▶ 1 GUEST ST			Phone no. (617)	300-2000	
	BOSTON, MA 0213	5				

May the IRS discuss this return with the preparer shown above? (see instructions) .

849,469,719

326,730,563

522,739,156

2021-05-14

☑ Yes ☐ No

841,787,434

323,419,986

518,367,448

Form	990 (2	019)				Page 2
Pa	rt III	Statement of Program Se	rvice Accomplisi	nments		
		Check if Schedule O contains a	response or note to a	ny line in this Part III .		🗆
1	Briefly	describe the organization's miss				
WGB learn	H enrich ing, and	nes people's lives through progra d the power of diverse perspectiv	ms and services that es.	educate, inspire, and er	ntertain, fostering citizenship and o	culture, the joy of
2		e organization undertake any sig		= :	ich were not listed on	
		ior Form 990 or 990-EZ?				🗌 Yes 🗹 No
		s," describe these new services o				
3	servic	e organization cease conducting, es?		changes in how it conduct	cts, any program	☐ Yes ☑ No
4	Sectio		izations are required	to report the amount of	argest program services, as meast grants and allocations to others, t	
4a	(Code:) (Expenses \$ Iditional Data	187,895,202	including grants of \$	3,461,755) (Revenue \$	60,437,197)
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	(Expe	program services (Describe in Sonses \$	including grants of	·) (Revenue \$)
4e	Total	program service expenses ►	187,895,2	02		

Par	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV "	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII 2	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	Yes	
		13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15		15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	

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Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pari	Statements Regarding Other IRS Filings and Tax Compliance	, · · · · · ·		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

777

0

1c

Yes

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	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ———			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No 			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
	Organizations that may receive deductible contributions under section 170(c).	_	,,				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		Yes				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No			
	If "Yes," indicate the number of Forms 8282 filed during the year						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No			
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No			
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders						
Б	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
	Enter the amount of reserves on hand	_					
	14a		No				
ь 15	14b						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No			
	If "Yes," complete Form 4720, Schedule O.	16		No			

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		onse to i	lines ✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 30	4		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 28			
2		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
_		16b	Yes	
<u>Se</u> 17	List the states with which a copy of this Form 990 is required to be filed			
1/	CT , MA , NH , RI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: PIrvin A Alexander III One Guest Street Boston, MA 02135 (617) 300-2444			

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week list any hours per week lis	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's ta	Κ
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who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe													
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Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
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Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		, ,	related		
	See Additional Data Table												
													—
													—

Form 990 (2019)				<u> </u>	_							Page 8
Part VII Section A. Officers, Direct (A) Name and title	(B) Average hours per week (list any hours	Position than o	on (do	(C) lo not sox, u	ot che unles	neck mo ess pers	ore	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	n a	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	0 =	Institutional Trustee			Highest compensated employee	Former	- (W-2/1099- MISC)	(W-2/1099- MISC)		organizat relat organiza	ed
See Additional Data Table					上							
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	+			 	+	_	+		1	+		
1b Sub-Total	Part VII, Section					 	<u> </u>			Ė		
d Total (add lines 1b and 1c)	<u> </u>					(a) who		6,116,423	250,97	78		485,886
Total number of individuals (including of reportable compensation from the			e IIsu	30 a	.bov	e) wno	rece	alved more than pr	100,000			
3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k	ey e	≗mpl •	oyee,	or hic	ghest compensated	d employee on	3	Yes	No No
4 For any individual listed on line 1a, is organization and related organization individual									m the	4	Yes	-
5 Did any person listed on line 1a receive services rendered to the organization									lividual for		1	
Section B. Independent Contract				<u> </u>	<u>" </u>					5		No
Complete this table for your five high- from the organization. Report comper	nest compensate									mpens	ation	
	(A) and business addre	ess		_	_				(B) cription of services		(C Comper	nsation
BBC Studios America Inc 1120 Ave of the Americas		_	_	_	_	_	_	Program Pro	oduction		4	,427,460
New York, NY 10036 Ark Media LLC								Program Pro	roduction	_	3	,135,298
325 Gold Street Ste 602 Brooklyn, NY 11201									oddesio			,100,2
Kirk Documentary Group								Program Pro	oduction		2	,713,066
63 Clinton Place Newton Center, MA 02459 Rain Media Inc								Program Pro	reduction	\perp	2	,319,307
36 Mary Smith Hill Road Livingston Manor, NY 12758												
Left Right LLC 39 West 19th St 9th Fl New York, NY 10011								Program Pro	oduction		1	,922,185
2 Total number of independent contractor compensation from the organization > !		: not lim	ited t	to th	nose	listed	abov	/e) who received m	nore than \$100,00	00 of		

Form 9 Part		(2019) Statement	of F	Revenue						Page 9
, circ					respo	nse or note to any	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10	1	a Federated campa	igns		1a			revenue		512 - 514
ints	b Membership dues 1b					28,595,914				
Gra mo		c Fundraising even	ts .	. [1c					
fs, FA		d Related organizat	tions	, <u> </u>	1d	2,743,527				
ıja 1		e Government grants	(con	tributions)	1e	6,474,847				
ons, Sin		f All other contributio and similar amounts	ns, g	ifts, grants,						
Contributions, Gifts, Grants and Other Similar Amounts		above Noncash contributio		L	1f	72,432,356				
Contra		lines 1a - 1f:\$		L	1 g	2,666,179				
<u>ة ت</u>		h Total. Add lines 1	1a-1	f		•	110,246,644			
						Business Code	4 727 055	46.740	4.604.207	
an an	28	Caption Services				515100	4,737,955	46,748	4,691,207	
Program Service Revenue	Ŀ	Design Services				515100	254,950	213,679	41,271	
ce Re	c	NCAM Services				515100	1,008,127		1,008,127	
Servi	c	Production Services				515100	696,563	26,054	670,509	
ogram	€	Program Grants & Co	ntrac	t		515100	53,613,476	53,613,476		
Ĕ	f	All other program	serv	ice revenue.			126,126	26,225	99,901	
	g	Total. Add lines 2	2a-2	f	•	60,437,197				
	3	Investment income	(inc	luding divide	nds, i	nterest, and other	2,744,143		89,551	2,654,592
		similar amounts). Income from invest		 It of tax-exer		ond proceeds >				
							2 440 303	!		3,110,392
				(i) Rea	l	(ii) Personal				
	62	Gross rents	6a	3 9	64,402	,				
		Less: rental	_	3,5	01,102	-	-			
		expenses	6b	4,5	31,895	5				
	С	Rental income or (loss)	6с	-5	67,493	3				
	•	l Net rental income	or	(loss)			-567,493		-567,493	3
				(i) Securit	ies	(ii) Other				
	7 <i>a</i>	Gross amount from sales of assets other than inventory	7a	97,2	01,330					
	b	Less: cost or other basis and sales expenses	7b	89,7	08,157	,				
	c	Gain or (loss)	7c	7.4	93,173	}				
		l Net gain or (loss)					7,493,173			7,493,173
ne	88	Gross income from fu (not including \$		of		,				
Ve.		contributions reported See Part IV, line 18	d on	line 1c).	8a	324,004				
Re	ı	Less: direct expen	ses		8b	719,518				
Other Revenue		Net income or (los			ng ev	ents	-395,514 -395,514			-395,514
	_									
	9a	Gross income from g See Part IV, line 19			9a					
	ı	Less: direct expen	ses		9b		1			
	•	c Net income or (los	s) fr	om gaming a	activiti	ies				
	10	a Gross sales of inve		n, loca						
	10	returns and allowa	nce	y, less	10a					
	ı	Less: cost of good	s so	ld	10b					
	·	Net income or (los			nvent	ory ►	0			
	4.	Miscellaneo				Business Code	15 200 211	15 200 211		
	1.	La Equity Investmen	t Ga	ın		51510	15,308,211	15,308,211		
	ı	·								
		I All act								
		d All other revenue • Total. Add lines 1:				>	1			
					• •	•	15,308,211			
	12	2 Total revenue. Se	ee ir	structions .	•	• • • •	198,376,753	69,234,393	6,033,073	
										Form 990 (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must of		_		mn (A).
Check if Schedule O contains a response or note to an	ny line in this Part IX	(B)	(C)	□ (D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,402,603	1,402,603		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,059,152	2,059,152		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,042,520	3,300,114	199,048	543,358
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	74,597,487	60,897,715	3,673,061	10,026,711
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,271,754	1,854,547	111,858	305,349
9 Other employee benefits	7,519,783	6,138,781	370,262	1,010,740
10 Payroll taxes	5,636,634	4,601,471	277,539	757,624
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,148,291	753,192	286,279	108,820
c Accounting	728,241	454,057	183,053	91,131
d Lobbying	206,540		206,540	
e Professional fundraising services. See Part IV, line 17	3,441,631			3,441,631
f Investment management fees	5,118,125		5,118,125	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,559,214	4,707,606	300,275	1,551,333
12 Advertising and promotion	6,484,391	4,645,148	67,271	1,771,972
13 Office expenses	1,020,450	790,998	130,437	99,015
14 Information technology	4,211,916	3,643,729	104,093	464,094
15 Royalties	1,501,621	1,474,344	18,554	8,723
16 Occupancy	6,193,674	4,728,747	764,408	700,519
17 Travel	1,977,431	1,828,434	23,949	125,048
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	8,937,611	6,637,861	1,312,126	987,624
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	8,510,873	6,767,006	1,034,803	709,064
23 Insurance	975,177	694,627	203,563	76,987
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Production and acquisitions	65,567,249	64,729,827	55,904	781,518
b Digital Services Expense	2,894,047	2,399,402	280,446	214,199
c Miscellaneous Expense	2,586,663	1,161,318	160,419	1,264,926
d Bad Debt Expenses	2,130,595	2,224,523	-42,264	-51,664
e All other expenses	-5,443,512		-4,723,994	-719,518
25 Total functional expenses. Add lines 1 through 24e	222,280,161	187,895,202	10,115,755	24,269,204
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

2

28

30

33

ō 29 Net assets with donor restrictions .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

complete lines 29 through 33.

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

111,753,379

849,469,719

28

29

30

33

107,162,085

841,787,434

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Page **11**

Check if Schedule O contains a response or note to any line in this Part IX .			🛚
	(A) Beginning of year		(B) End of year
Cash-non-interest-bearing	11,165,317	1	23,854,455
Savings and temporary cash investments	31,377,554	2	21,632,168
Pledges and grants receivable, net	21,763,309	3	12,206,679

Pledges an 30.459.753 4

3 30,762,172 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6

100.937.066 101.490.621 Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges . 2,294,000 9 1,703,968

Assets 10a Land, buildings, and equipment: cost or other 10a 247,252,274 basis. Complete Part VI of Schedule D 10b 95,251,769 156,895,383 10c b Less: accumulated depreciation

152,000,505 11 Investments—publicly traded securities . 179,265,887 11 137,251,516 227.805.797 283.986.571 12 Investments—other securities. See Part IV, line 11 . . . 12 13 0 13 Investments—program-related. See Part IV, line 11 . 28,988,450 14 40,612,113 14 Intangible assets . 46,893,540 15 47,910,329 15 Other assets. See Part IV, line 11 . . . 849,469,719 16 841,787,434 16 Total assets. Add lines 1 through 15 (must equal line 34) .

17 Accounts payable and accrued expenses . 55,958,714 17 64,269,945

18 18 Grants payable . 19 101,627,197 19 92,103,885 Deferred revenue

20 Tax-exempt bond liabilities 169.144.652 20 167.046.156 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . 25

25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 326.730.563 323,419,986 26 Total liabilities. Add lines 17 through 25 . . 26

Organizations that follow FASB ASC 958, check here <a> \square and complete lines 27, 28, 32, and 33.

Fund Balances 27 410,985,777 411,205,363 Net assets without donor restrictions 27

Assets 31 31 Retained earnings, endowment, accumulated income, or other funds

32 522,739,156 32 518,367,448 Total net assets or fund balances

3a

3b

Yes

Yes (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 19009920

Software Version: 2019v5.0

EIN: 04-2104397

Name: WGBH Educational Foundation

Form 990 (2019)

Form 990, Part III, Line 4a:

The WGBH Educational Foundation, based in Boston, provides a wide range of programs, events and services that position it as one of America's preeminent public media institutions. From its roots as a local public radio and TV station, GBH has continually enhanced its service to its community and the nation and has become PBS's single largest producer of national content for TV and the web. GBH also is a major source of digital content and programs for NPR and is affiliated with PRX, enabling expanded audio content and podcast distribution. GBH is deepening its commitment to delivering programs that foster opportunity and equityensuring that our content and our workplace are inclusive and representative, broadening the reach of our news operations, and reaching our audiences where they are. We share our stories across platforms on our website, social media and email newsletters. Through apps and podcasts and through virtual or in-person events (when safe to do so), we offer news panels, music events and educational activities. In 2020, GBH launched The State of Race, a series of virtual panels that examine race and inequality, GBH presents storytelling that educates, inspires, entertains and connects people with ideas and with one another, creating a bridge across cultures to the world around us. For 65 years, that mission has remained constant, from such local productions as Basic Black and High School Quiz Show to national series like Arthur, Molly of Denali, AMERICAN EXPERIENCE, MASTERPIECE, FRONTLINE, NOVA and ANTIQUES ROADSHOW.GBH has long been a trusted partner to educators, parents and children, creatinghigh quality educational programs and services that give kids opportunities forsuccess. When schools closed in March 2020 due to the COVID-19 pandemic. GBH was the go-to resource for the state and nation, creating a Distance Learning Center that provided free broadcast and digital resources, training for educators and program activities for families. Our five-hour afternoon educational television block on GBH WORLD reached 1.4 million viewers nationally. GBH continually enhances the offerings of PBS LearningMedia, the free, online digital media service developed by GBH and PBS. More than 100,000 educational resources for teachers are aligned with curriculum standards and used by educators in every state. We provide direct learning services to Boston Public Schools, with a focus on new immigrant families. In 2021, three GBH programsFRONTINE, NOVA and AMERICAN EXPERIENCEwon the coveted Alfred I. duPont-Columbia Award for journalism. In 2020, with the pandemic, a reckoning on racial injustice and a divisive election, FRONTLINE produced more than 20 documentaries and 30 podcast episodes, and its online streaming numbers quadrupled. NOVA, the most-used science resource in America's high schools, continued to expand its multiplatform offerings with digital shorts, podcasts and online educational programming. Polar Extremes explored the climate history of the poles and featured a companion digital series Antarctic Extremes that tracks the everyday life of scientists who were studying the mysteries of the bottom of the earth. AMERICAN EXPERIENCE produced a suite of digital shorts, interactives, image galleries and interviews to complement its programming and engage audiences across platforms. The Vote charted American womens determined march to the ballot box and was accompanied by virtual events with partners across the country, Molly of Denali, launched in 2019 as the first childrens program to feature an Alaska Native as the lead, was recognized with the 2020 Television Critics Association award for Outstanding Achievement in Youth Programming and the 2020 George Foster Peabody award in Childrens Programming. One of the fastest growing local news providers in Greater Boston, GBH News was awarded five 2020 Regional Edward R. Murrow Awards, including one for overall excellence. When the pandemic took hold in 2020, GBH News launched a new nightly call-in news program In It Together, which built a community of listeners to connect with each other and with experts, doctors, patients and community leaders who interpreted the day's COVID-19 news. Other GBH programs, including Basic Black, Greater Boston and Boston Public Radio week discussed all of the ways that COVID-19 has affected our lives and the multiplatform initiative COVID and the Classroom, followed three high school seniors during this unconventional school year. Through music, art, drama, health and cooking, GBH programs explore cultures across the globe, ANTIQUES ROADSHOW, one of Americas topwatched primetime shows, in 2020 celebrated its 500th episode and launched a companion podcast DETOURS, which uncovers secrets and surprises from behind the scenes. GBH Studio Six produced Blood Sugar Rising, which followed the diabetes epidemic in America, and H2O: The Molecule that Made Us revealed how water underpins every aspect of our existence GBHs Emerging Platforms Initiative focuses on the next generation of public media fans with the goal to experiment with new forms of storytelling on new platforms for new audiences. In 2020, it created Chat Plays GBH, which brought some of GBH's most-loved programs to new audiences at home during a five-hour interactive live streaming variety show produced across Twitch, YouTube and Facebook GBH is a pioneer in making media accessible for those with disabilities. In 2020, our Carl and Ruth Shapiro Family National Center for Accessible Media (NCAM) played a key role in improving the accessibility of voting information and the voting experience itself for the more than 35 million U.S. voters who have a disability.

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		
Paula Apsell Sr EP thru 5/19	40.00							972,298	0	16,361	
Jonathan C Abbott President & CEO	40.00	х		х				719,320	0	43,664	
John Bredar VP National Programming	40.00							437,123	0	38,440	
Claudia Palmer COO	40.00			х				460,250	0	14,084	
Raney Aronson	40.00							431,949	0	34,051	

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Raney Aronson
Exec Producer
David Bernstein

VP - GM Ent & Co-Pres PBSd

VP Corp Sponsorship & Membership

James Braude

Host Exec Editor

Suzanne Zellner

Rebecca Eaton

Executive Producer

VP Children'sMedia

Terry Fitzpatrick

and Independent Contractors

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CorpConsl Clerk

Henry Becton Jr

Vice Chair

Trustee

Mohamad Ali

Marcia Blenko

Vice Chair

Trustee

Vice Chair

Brian H Chu

Lynn B Dayton

								/ / 2/4000	(14) 2/4000	avanniantian and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
David Fanning SrAdvisor/Producer	40.00							323,388	0	37,965	
Irvin A Alexander III CFO & Treasurer	40.00			х				334,946	0	24,355	
Winifred Lenihan VP Development	40.00							320,003	0	33,700	

40,521

19,816

20,101

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67,146

CFO & Treasurer	0.00					
Winifred Lenihan	40.00					
					320,003	0
VP Development	0.00				·	
Susan L Kantrowitz	40.00					
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VP Gen Counsel	0.00				,	
Eric Brass	40.00					
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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Pam Eddinger	1.00	Х						0	0	0
Trustee	0.00									
Robert S Feldman Trustee	1.00	Х						0	0	0
Grace Fey Trustee	1.00	х						0	0	0
Ann M Fudge Chairwoman	2.00	Х		х				0	0	0
Benjamin Gomez	1.00	V						0	0	0

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Trustee

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Ann Klee

Trustee

Trustee

Paul W Lee

Andrea E Kalyn

Susan B Kaplan

Rosemarie Torres Johnson

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer compensation week (list from the from related

and Independent Contractors

Martha L Minow

Anthony Monaco

Liz Morningstar

Paul R Murphy

Trste thru 3/20

Melinda A Rabb

Marvin Lee Pelton

Trustee

Trustee

Trustee

Trustee

Trustee

	any hours)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
William A Lowell	1.00	X						0	C	0	
Trustee	0.00								,		
Richard K Lubin	1.00					Ī				_	
Trustee	0.00	Х						0	0	0	

Trustee	0.00	^				Ö	
Richard K Lubin	1.00						Γ
Trustee	0.00	X			0	0	
Christopher J McKown	1.00	X			0	0	
Trste thru 2/20	0.00				0	0	
Cathy E Minehan	1.00	×			0	0	
Trustee	0.00				0		L

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

	arry floars							(14, 2,4,000	(14/ 2/4 200	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Jeffrey Rayport	1.00	Х						0	0	0	
Trustee	0.00								-		
L Rafael Reif	1.00	x						0	0	0	
Trustee	0.00								-		
Carmichael Roberts	1.00	x						0	0	0	
Trustee	0.00										

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and Independent Contractors

Trustee

Trustee

Trustee

William N Thorndike

Stephen Wagner

Hans P Ziegler

Trste thru 9/19

efil	e GR/	APHIC prii	nt - DO NOT PROCES	S As Filed Data -			DLN: 9	3493134064161				
SCI	HED	ULE A	Dublic	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047				
	m 99		Complete if the	organization is a sect 4947(a)(1) nonexe ▶ Attach to Form	tion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 00-EZ.	r a section	2019				
		the Treasury	► Go to <u>www.</u>	<i>irs.gov/Form</i> 990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection				
Nam	e of th	he organiza tional Foundati					Employer identific	ation number				
							04-2104397					
	rt I		for Public Charity Sta private foundation becau				See instructions.					
1	nganiz		onvention of churches, or	•	•		(A)(i)					
2		·	scribed in section 170(b									
3			_		,	, ,						
4		·	or a cooperative hospital s	-			•	ntor the beenital's				
7	Ш	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5			ation operated for the ben	efit of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170				
6		A federal, s	tate, or local government	or governmental unit de	escribed in sectio	on 170(b)(1)(<i>A</i>	l)(v).					
7	✓		ation that normally receiver (O(b)(1)(A)(vi). (Complete		s support from a	governmental ι	ınit or from the gener	al public described in				
8			ty trust described in sect	•	(Complete Part I	I.)						
9			ural research organization ant college of agriculture					ege or university or a				
10		from activit investment	ation that normally receive ties related to its exempt in income and unrelated bu See section 509(a)(2).	functions—subject to cer siness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	upport from gross				
11			ation organized and opera		r public safety. S	See section 509	(a)(4).					
12		more public	ation organized and opera ly supported organization through 12d that describ	ns described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a					
a		Type I. A so	supporting organization op n(s) the power to regularl Part IV, Sections A and	perated, supervised, or c y appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by					
b		Type II. A manageme	supporting organization s nt of the supporting organ plete Part IV, Sections	supervised or controlled i nization vested in the sar								
С		Type III f	unctionally integrated. organization(s) (see instru	A supporting organizatio				ited with, its				
d		Type III n	on-functionally integra integrated. The organiza i). You must complete I	ted. A supporting organition generally must satis	ization operated	in connection wi	th its supported organ					
e		Check this	box if the organization red or Type III non-functiona	ceived a written determir	nation from the I		pe I, Type II, Type II	I functionally				
f	Enter		of supported organization		-		<u> </u>					
g	Provi	de the follow	ing information about the	supported organization(•	1				
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
Tota			tion Act Notice, see the	To show at 1	Cat. No. 1128!		 	<u> </u> 90 or 990-EZ) 2019				

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.

Page 2

If the organization failed to qualify under the tests listed below, please complete Part III.)

	Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) :	2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	136,089,138	176,293,893	202,450,181	123,418,771	11	0,438,743	748,690,726
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0
4	Total. Add lines 1 through 3	136,089,138	176,293,893	202,450,181	123,418,771	11	0,438,743	748,690,726
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).	other than a unit or publicly anization) included on eeds 2% of the						2,135,366
6	Public support. Subtract line 5 from line 4.							746,555,360
	Section B. Total Support							
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)	2019	(f) Total
7	(or fiscal year beginning in) ► Amounts from line 4	136,089,138	176,293,893	202,450,181	123,418,771	11	0,438,743	748,690,726
8	_	4,025,915	4,770,299	10,701,874	7,000,369		5,793,016	32,291,473
9	Net income from unrelated business activities, whether or not the business is regularly carried on	13,302						13,302
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	705,961	722,325	809,815	721,699		324,004	3,283,804
11	Total support. Add lines 7 through 10							784,279,305
12	Gross receipts from related activities,	etc. (see instructi	ons)			12		178,292,531
13	First five years. If the Form 990 is f	or the organization	n's first, second, th	ird, fourth, or fifth	tax year as a sect	tion 501	(c)(3) orga	nization,
	check this box and stop here						▶□	
_	Section C. Computation of Publ							
14				column (f))		14		95.190 %
	Public support percentage for 2018 S					15		95.770 %
	a 33 1/3% support test—2019. If th						heck this b	
	and stop here. The organization qua 33 1/3% support test—2018. If t	lifies as a publicly he organization dic	supported organiza I not check a box o	ition n line 13 or 16a, a		 /3% or n	 nore, check	. ▶ ☑ this
17	box and stop here. The organizatio a 10%-facts-and-circumstances tes is 10% or more, and if the organization Part VI how the organization meets	st— 2019. If the or on meets the "fact	ganization did not s-and-circumstance	check a box on lines" test, check this	ie 13, 16a, or 16b, s box and stop he	and line re. Expl	e 14 ain	. ▶⊔
ŀ	organization	est—2018. If the dization meets the "	organization did not facts-and-circumst	check a box on li ances" test, check	ne 13, 16a, 16b, c this box and sto	r 17a, a here.	nd line	▶□
18	supported organization Private foundation. If the organizat	ion did not check a	box on line 13, 10	6a, 16b, 17a, or 1 7b, check this box	 and see	· · · · ·	▶□

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

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Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
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Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require			
6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

other distributions (describe in Fure V2). See instructions						
7 Total annual distributions. Add lines 1 through 6.						
Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions						
9 Distributable amount for 2019 from Section C, line 6						
10 Line 8 amount divided by Line 9 amount						
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
	Underdistributions	Distributable				

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (Form 990 or 990-EZ) 2	2019 Page 8
Part VI	Section A, lines 1, 2, 2 Part IV, Section D, lin	mation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; es 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See
		Facts And Circumstances Test
990 Sched	lule A, Supplemen	tal Information
Ret	urn Reference	Explanation
Support Sch Explanation	nedule: Other Income	Part II, Line 10, Other IncomeGross receipts from special events related to the organization's charitable purpose.

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Political Campaign and Lobbying Activities

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

OMB No. 1545-0047

DLN: 93493134064161

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

f the	Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Ta)	ection 501(h)): Co nder section 501(h	omplete Part II-A. Do not co i)): Complete Part II-B. Do i	omplete Part II-B. not complete Part II-A.
• S Nar	sy Tax) (see separate instruction Section 501(c)(4), (5), or (6) organize ne of the organization BH Educational Foundation			Employer ider	ntification number
B	Consulate Williams		F04(-):-	04-2104397	
		nization is exempt under section		_	
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political can	npaign activities ir	n Part IV (see instructions f	for definition of
2	Political campaign activity expend	litures (see instructions)		>	\$
3	Volunteer hours for political camp	paign activities (see instructions)			
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise to	ax incurred by the organization under se	ection 4955		\$
2	Enter the amount of any excise to	ax incurred by organization managers u	nder section 4955	>	\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	his year?		☐ Yes ☑ No
4a					☐ Yes ☑ No
b Par	If "Yes," describe in Part IV. TI-C Complete if the orga	nization is exempt under sectio	n 501(c) eve	ent section 501(c)(3)	<u> </u>
	<u> </u>	<u> </u>			
1 2	Enter the amount of the filing org	led by the filing organization for section anization's funds contributed to other o	rganizations for se	ection 527 exempt	\$ \$
3		es. Add lines 1 and 2. Enter here and or			·
4		m 1120-POL for this year?			\$
					☐ Yes ☐ No
5	organization made payments. For of political contributions received	employer identification number (EIN) of each organization listed, enter the amouth that were promptly and directly deliver ee (PAC). If additional space is needed,	ount paid from the ed to a separate p	e filing organization's funds solitical organization, such a	. Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
4					
5					
6					
For P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat.	. No. 500845 Schedule C (Form 990 or 990-EZ) 2019

		rm 990 or 990-E2) 2019					P	age 3
Pa	rt II-B		ganization is exempt under section 501(c)(3) and has NOT fi on under section 501(h)).					
or e	each "Yes"	response on lines 1a thro	ough 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
	vity.	•		Yes	No	4	lmour	nt
1			panization attempt to influence foreign, national, state or local legislation, e public opinion on a legislative matter or referendum, through the use of:					
а	Voluntee	rs?			No			
b	Paid staf	f or management (includ	e compensation in expenses reported on lines 1c through 1i)?	Yes				
c	Media ad	vertisements?			No			
d	Mailings	to members, legislators,	or the public?		No			
е			dcast statements?		No			
f			lobbying purposes?		No			
g			eir staffs, government officials, or a legislative body?	Yes				2,214
h		•	s, conventions, speeches, lectures, or any similar means?		No			
i				Yes				06,540
j		_			١		2	08,754
2a			the organization to be not described in section 501(c)(3)?		No			
b			tax incurred under section 4912					
C			tax incurred by organization managers under section 4912		No			
	rt III-A		· · · · · · · · · · · · · · · · · · ·	VE) -				
Pa	rt IIII-A	501(c)(6).	ganization is exempt under section $501(c)(4)$, section $501(c)$)(5), U	r secu	OII		
					_		Yes	No
1		, ,	ore) dues received nondeductible by members?			1		
2			n-house lobbying expenditures of \$2,000 or less?			2		
3			ry over lobbying and political expenditures from the prior year?			3		
Pa	rt III-B		ganization is exempt under section 501(c)(4), section 501(c) OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part				01(c	:)(6)
1	Dues, as		mounts from members	1				
2			bying and political expenditures (do not include amounts of political n 527(f) tax was paid).					
а				2a				
b	,	,		2b				
С .				2c				
3			ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	the orga	nization agree to carryov	unt on line 2c exceeds the amount on line 3, what portion of the excess does er to the reasonable estimate of nondeductible lobbying and political					
_		•		4				
5			political expenditures (see instructions)	5				
	art IV	Supplemental Info						
			art l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); 5, complete this part for any additional information.	Part II-	-A, lines	1 and	1 2 (se	ee
	Reti	urn Reference	Explanation					
	II-B, Line cription	1i - Other Activities	Part II-B Description of Lobbying ActivityThe Foundation paid membership dufor public television that provides services on behalf of its members. The amount (i). Working with that organization, WGBH staff members make an annual visus members of our Congressional delegation, and through the year is in contact provide information about our work and acknowledge the value of federal fur Foundation participated in an effort to educate the public about potential cuts broadcasting. The Foundation shared messages with stations to help them and public media and how federal funding supports it. The communications end the public to let their elected officials know how they feel about public broadcasting of the public broadca	ount pai sit to Wa with de iding to s to fede sise awa courage	d is repo ashingto elegation support eral fund reness a d station	orted n to i offic it. Th ing fo bout i mer	on ling meet we es to ne or pub the va nbers	e 1 with olic alue and

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

DLN: 93493134064161

OMB No. 1545-0047

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** WGBH Educational Foundation 04-2104397 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

d Equipment .

Sche	edule D (Form 990) 2019									Page 2
Par	t III Organizations Maintaining C	Collections of	Art, Histor	ical Trea	asures, o	r Other S	Similar As	sets (conti	nued)	
3	Using the organization's acquisition, accessitems (check all that apply):	sion, and other r	ecords, check	any of the	e following t	hat are a	significant u	se of its coll	ection	
а	Public exhibition		d		oan or exch	ange prog	rams			
b	Scholarly research		е	□ o	ther					
С	Preservation for future generations									
4	Provide a description of the organization's Part XIII.	collections and e	xplain how th	ey further	the organiz	zation's ex	empt purpos	se in		
5	During the year, did the organization solici assets to be sold to raise funds rather than							☐ Yes	□ N	0
Pa	rt IV Escrow and Custodial Arran Complete if the organization ar X, line 21.	_	on Form 990), Part IV	', line 9, o	r reporte	d an amou	nt on Form	990,	Part
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?							☐ Yes	□ N	o
b	If "Yes," explain the arrangement in Part >	VIII and complete	the following	table:			Δr	nount		_
c	Beginning balance	·	-			1c		nounc		_
d	Additions during the year					1d				_
е	Distributions during the year					1e				_
f	Ending balance					1f				_
2 a	Did the organization include an amount on	Form 990, Part	X, line 21, for	escrow or	custodial a	account lia	bility?	☐ Yes	\square N	o
b	If "Yes," explain the arrangement in Part X	(III. Check here i	f the explanat	ion has be	een provide	d in Part X	III			
Pa	art V Endowment Funds.		·		·					
	Complete if the organization ar									
1.	Reginning of year balance	(a) Current	year (b) 84,688	Prior year 311,813,03		ears back 32,247,168	(d) Three yea	rs back (e) 1 572,085	our yea	rs back 676,136
	Beginning of year balance	<u> </u>	36,758	3,064,34	_	24,109,296	•	97,154		819,514
	Contributions		35,808	31,937,04		8,687,116	·	316,353		061,636
	Net investment earnings, gains, and losses Grants or scholarships	2.72		01/20//0	-	0,007,110		120,000		
	Other expenditures for facilities and programs	<u>'</u>	13,997	12,876,05		1,503,656	·	35,768	•	153,783
f	Administrative expenses		18,125	3,053,67		1,726,892		802,656		508,146
g	End of year balance	341,4	25,132	330,884,68	38 3:	11,813,032	82,2	47,168	78,6	672,085
2	Provide the estimated percentage of the co	urrent year end b	alance (line 1	.g, column	(a)) held a	ıs:				
а	Board designated or quasi-endowment	82.330 %								
b	Permanent endowment ► 12.270 %									
C	Temporarily restricted endowment	5.400 %								
	The percentages on lines 2a, 2b, and 2c sh	·								
3а	organization by:		ganization tha	it are held	and admin	istered for	the		Yes	No
	(i) unrelated organizations							3a(i)		No
	(ii) related organizations							3a(ii)		No
b	· //		•					3b		No_
4	Describe in Part XIII the intended uses of		s endowment	runas.						
Pa	rt VI Land, Buildings, and Equipn Complete if the organization ar		on Form 990). Part IV	Lline 11a	See For	m 990. Par	t X. line 1	n.	
	Description of property (a) Cost or		(b) Cost or othe			cumulated de			ook valu	e
4	Land			6 567 3	IEO					E67.150
	Land			6,567,1			E9 402 E74			5,567,158
	Buildings			173,875,0	710		58,403,571		115	5,471,439

37,450,047

29,360,059

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

12,010,736

17,951,172

152,000,505

25,439,311

11,408,887

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 9	990 Part IV li	ine 11h	See Form 990 F	Part X lin	ne 12
	(a) Description of security or category (including name of security)	(b) Book value		(c) Metho Cost or end-of-	d of valuat	tion:
	al derivatives	Tuide		2000 01 0114 01	year man	Net raide
(2) Closely- (3)Other	held equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
		283,986,571				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	990, Part IV, li	ine 110	See Form 990,	Part X, lii	ne 13.
	(a) Description of investment			(b) Book value		ethod of valuation: end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum Part IX	on (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		•			
T GIT ZX	Complete if the organization answered 'Yes' on Form 9 (a) Description	90, Part IV, lir	ne 11d	. See Form 990, Par		5. (b) Book value
See Addition	nal Data Table					(B) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	umn (b) must equal Form 990, Part X, col.(B) line 15.)				•	47,910,329
Part X	Complete if the organization answered 'Yes' on Form 9		ne 11e	or 11f.See Form	990, Par	
1. (1) Federal	(a) Description of I income taxes	iability				(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(0)						1
(9)						
(9)	nn (b) must equal Form 990, Part X, col.(B) line 25.)			•		

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Add lines **4a** and **4b**

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Donated services and use of facilities

Add lines **4a** and **4b**

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII.) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Return Reference

Part XI

2

b

4

b

C 5

1

2

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

Part XII

Schedule D (Form 990) 2019

Page 4

5,118,125

198,376,753

222,423,449

5,261,413

5,118,125

222,280,161

Schedule D (Form 990) 2019

217,162,036

d	Other (Describe in Part XIII.)	2d	-2,095,799		
е	Add lines 2a through 2d		 	2e	
3	Subtract line 2e from line 1			3	

24,793,113 193,258,628

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

4a 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

2d

4a

4b

Explanation

2a

2b

2c

5,118,125 40 5

2e

3

4c

5

10,000

5,251,413

5,118,125

26.878.912

10,000

nedule D (Form 990) 2019	
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Beneficial interest in perpetual trust

Deferred Asset - Rental Income

Funds held under bond agreements

Brewster Radio License

Capitalized Broker Fees

Deferred Compensation

National Public Media, LLC

Public Media Distribution, LLC

Outside Managed Trusts

WFXZ Television License

WCRB Radio License

RadioPublic

Software ID: 19009920

Software Version: 2019v5.0 **EIN:** 04-2104397

Name: WGBH Educational Foundation

Form 990, Schedule D, Part IX, - Other Assets

ı	(a)) De

escription

2,099,903

293,618 775,833 22,287,308 132,117

(b) Book value

1,835,316

1,365,000

1,008,137

1,860,000

896,751

914,633

14,441,713

Supplemental Information		
Return Reference	Explanation	
Part V, Line 4: Intended uses of	Endowment fund is held to support future programs and services to fulfill the organization's mission.	

the endowment fund.

Supplemental Information	
Return Reference	Explanation
Part X : FIN48 Footnote	The Foundation is exempt from federal income taxes under Section 501(c)(3) of the United S tates Internal Revenue Code. US GAAP requires the Foundation to evaluate tax positions tak en by the Foundation and recognize a tax liability (or asset) if the Foundation has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Foundation has analyzed the tax positions taken and has concluded that as of June 30, 2020, there are no significant uncertain positions taken or expected to be taken

that would require recognition of a liability (or asset) or disclosure in the consolidate

d financial statements.

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d: Other expenses and losses per audited F/S	Rental \$4531895 Special Event Direct \$719518

_

SCHEDULE F	State	ment of	Activities (Outside the Un	2 hati	tates	OMB No. 1545-0047
(Form 990)		lete if the organi	zation answered " Attach i gov/Form990 for i	ine 14b, 1	5, or 16.	2019 Open to Public Inspection	
Name of the organization						Employer ider	ntification number
WGBH Educational Foundat	ion					04-2104397	
General In Form 990, P			Outside the U	Jnited States. Comple	ete if the	organization a	inswered "Yes" on
other assistance, th to award the grants	e grantees' or assistan Describe in	eligibility for th	ne grants or assi	substantiate the amountstance, and the selection dures for monitoring the	criteria (used 	✓ Yes □ N
3 Activites per Region.	(The following	ng Part I. line 3 i	table can be dupli	icated if additional space is	s needed.))	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	· · · · · · · · · · · · · · · · · · ·	(e) If activ program spe	ity listed in (d) is a service, describe cific type of (s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data				. cg.cv.y			
3a Sub-total b Total from continuatio							172,974,0
Part I					l		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50082W Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☑ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)		
		✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	☑ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	· ·	✓ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	☐Yes	☑ No

Schedule F (Form 99	0) 2019 Page 5
Provid amour metho any ac	emental Information e the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; ts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting d); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide ditional information. See instructions. Supplemental Information
Return Reference	Explanation
Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US	As subrecipients to a federal grant, the subrecipients comply with the terms of the WGBH contract, which includes the Federal Funding Regulations (Agency Pass Through Policies & Certifications). They provide monthly cost reports, showing each line item of actual expenses incurred by the Companies compared to their counterpart line item as set forth in the Production Budget (each an Interim Cost Accounting). The Companies also deliver to WGBH a Final Cost Accounting, showing each line item of actual expenses incurred by the Companies compared to their counterpart line item as set forth in the Production Budget. All such reports are prepared in accordance with United States

generally accepted accounting principles and with the requirements outlined in the Uniform Guidance.

Additional Data

Central America

Software ID: 19009920 Software Version: 2019v5.0

EIN: 04-2104397

Name: WGBH Educational Foundation

170,289,000

Form 990 Schedule F Part I - Activities Outside T	The United States
---	-------------------

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	0	Program Services	Production Services	626,000

0 Investments

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America 0 Grants 1,807,000 252,000 Europe 0 Grants

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

DLN: 93493134064161

OMB No. 1545-0047

Supplemental Information Regarding

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

►Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

. Complete if not required to raised funds th	comple		answered "Ves" on Fe		Employer idei 04-2104397	ntification number	
not required to	comple		anguared "Vee" on Fe	(04-2104397		
not required to	comple		anguaged "Vec" on Eq				
raised funds th		ete this p		orm 990, P	art IV, line 1	7.	
	rougn an	y of the fo	ollowing activities. Check	all that app	ly.		
		е	Solicitation of non-	governmen	t grants		
S		f	✓ Solicitation of gove	ernment gra	ints		
		g	✓ Special fundraising	events			
у <u> </u>							
						s 🗆 No	
		draisers)	pursuant to agreements (under which			
(ii) Activity	fundrai custo cont	ser have ody or rol of	(iv) Gross receipts from activity	(or reta fundraise	ained by) er listed in	(vi) Amount paid to (or retained by) organization	
cult Stratog	Yes	No					
suit Strateg		No	7,512,682		2,844,916	4,667,766	
sult Strateg		No	866,420		408,955	457,465	
sult Strateg		No	1,243,601		117,517	1,126,084	
sult Strateg		No	100,627		70,243	30,384	
		No					
	<u> </u> 	. ▶	9,723,330		3,441,631	6,281,699	
	n or oral agreer 90, Part VII) or dividuals or ent by the organiz (ii) Activity sult Strateg sult Strateg sult Strateg	n or oral agreement with 90, Part VII) or entity in dividuals or entities (fun by the organization. (ii) Activity (iii) Activity (iii) Yes sult Strateg sult Strateg sult Strateg	n or oral agreement with any individuals or entities (fundraisers) by the organization. (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No Sult Strateg No sult Strateg No No No No No	g Special fundraising n or oral agreement with any individual (including officers, 90, Part VII) or entity in connection with professional fundre dividuals or entities (fundraisers) pursuant to agreements of by the organization. (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No Sult Strateg No 7,512,682 sult Strateg No 1,243,601 sult Strateg No 100,627 No 9,723,330	g Special fundraising events n or oral agreement with any individual (including officers, directors, to 90, Part VII) or entity in connection with professional fundraising servidividuals or entities (fundraisers) pursuant to agreements under which by the organization. (iii) Activity (iii) Did fundraiser have custody or control of contributions? Yes	g Special fundraising events nor oral agreement with any individual (including officers, directors, trustees 90, Part VII) or entity in connection with professional fundraising services?	

- 1		(a)Event #1 Auction	(b) Event #2 Wine Festival	(c)Other events 7	(d) Total events (add col. (a) through col. (c))
Reverue		(event type)	(event type)	(total number)	
	1 Gross receipts	94,452	49,849	179,703	324,00
	2 Less: Contributions	04.453	40.040	470 702	224.00
\dashv	line 2)	94,452	49,849	179,703	324,00
	5 Noncash prizes				
Expenses	6 Rent/facility costs				
<u>x</u>	7 Food and beverages				
ม 5	8 Entertainment				
3 8 10 10 10 10 10 10 10 10 10 10 10 10 10	9 Other direct expenses	144,051	204,342	371,125	719,51
-	10 Direct expense summary. Add lines 4		719,51		
	11 Net income summary. Subtract line 10	from line 3, column (d)		•	-395,51
Par	Gaming. Complete if the org	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
_o T	on Form 990-EZ, line 6a.				
- □			(L) Dull belee/Tourbeach		(d) Takal assasina (add
Ven		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Reverk	1 Gross revenue	(a) Bingo		(c) Other gaming	
_	1 Gross revenue	(a) Bingo		(c) Other gaming	
ses		(a) Bingo		(c) Other gaming	
Expenses	2 Cash prizes	(a) Bingo		(c) Other gaming	
듄	2 Cash prizes	(a) Bingo		(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Expenses	2 Cash prizes		bingo/progressive bingo		
sesuedxa	2 Cash prizes	(a) Bingo Yes % No			
sesuedxa	2 Cash prizes	☐ Yes %	bingo/progressive bingo	☐ Yes%	
Ulred Expenses	2 Cash prizes	Yes%_ No	bingo/progressive bingo	☐ Yes %	
Olfect Expenses	2 Cash prizes	Yes % No chrough 5 in column (d) t line 7 from line 1, column on conducts gaming activ	bingo/progressive bingo Yes % No n (d)	☐ Yes %	col.(a) through col.(c))
Direct Expenses	2 Cash prizes	Yes % No through 5 in column (d) t line 7 from line 1, column ion conducts gaming activities in each of	Yes % No n (d)	☐ Yes % % ☐ No	Yes No

Sche	dule G (Form 990 or 990-EZ) 2019				F	age 3			
11	Does the organization conduct gaming	activities with nonmembe	ers?	· · □ Yes	□No				
12	Is the organization a grantor, beneficial formed to administer charitable gamin	ary or trustee of a trust or g?	r a member of a partnership or other entity		□No				
13	Indicate the percentage of gaming acti	vity conducted in:							
а	The organization's facility			13a		%			
b	An outside facility			13b		%			
14	Enter the name and address of the per	son who prepares the org	ganization's gaming/special events books and re	ecords:					
	Name								
15a	Does the organization have a contract	with a third party from w							
b	If "Yes," enter the amount of gaming revenue received by the organization \(\brace \) \(\brace \) and the amount of gaming revenue retained by the third party \(\brace \) \(\brace \) \(\brace \).								
С	If "Yes," enter name and address of the third party:								
	Name ►								
	Address •								
16	Gaming manager information: Name ▶								
	Gaming manager compensation ▶ \$								
	Description of services provided ▶								
	☐ Director/officer	☐ Employee	☐ Independent contractor						
17 a	Mandatory distributions: Is the organization required under state retain the state gaming license?		distributions from the gaming proceeds to	· · 🔲 Yes	□No				
b	·		ibuted to other exempt organizations or spent						
	in the organization's own exempt activ		•						
Pai			ations required by Part I, line 2b, columns oplicable. Also provide any additional infor			5. 			
	Return Reference		Explanation						
	I, Line 2b - Fundraiser Additional mation		s shown in Part I for Donor Development Strategent to build the Foundation's membership file.	gies is canvassing	expenses	for			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No. 1545-0047

DLN: 93493134064161

Open to Public

reasury nternal Revenue Service		► Go to <u>ww</u>	<u>/w.irs.gov/Form990</u> for	the latest information	on.		·
ame of the organization /GBH Educational Founda	tion					Employer identific	ation number
						04-2104397	
	nformation on Grants						
the selection criteria	used to award the grants	or assistance?			for the grants or assistance	e, and	☑ Yes ☐ No
	he organization's procedu				rganization answered "Yes"	on Form 990 Part IV line	21 for any recipient
	more than \$5,000. Part II			ents. Complete ii tile o	rgamzacion answered Tes	on Form 990, Part IV, Illie	21, for any recipient
(a) Name and address organization or government	s of (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
							7

Department of the

(2)
(3)
,	,	`

ı	
	(3)
	(4)
	(5)
	(6)
	(7)

(3)
(4)
(5)
(6)
(7)
P

(1)
(2)
(3)
(4)
(5)
(6)
(7)
P
Ret
Gra

(a) Type of grant or assista	nce	(b) Number of (c) Amount of recipients cash grant r			(d) Amount noncash assist		(e) Method of valuation FMV, appraisal, oth	(f) Description of noncash assistance	
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
Part IV Supplemental	Information	on. Provide the in	formation required in	Part I,	line 2; Part III,	colum	in (b); and any other	addition	al information.
Return Reference	Explanation	on							
Grantmaker's Description of How Grants are Used	that expend subrecipient Parties List and print ou debarment supplier/ser contract has monitoring contract and conversation appropriate identified, ti then subrecipient will review t	litures for subrecipies is noncompliance we (EPL) (www.sam.go it any results of the in the EPL, Project Service provider on the seen signed and we occurs in two forms if award, including the seen sof the subrecipients of the subrecipients compliance we is requesting a copy the results and following the results are required to the results and following the results and following the results are required to the results and following the results and following the results are required to the results and following the results are required to the results and following the results are required to the results and following the results are required to the results and following the results are required to the results are required to the results and following the results are required to the required to the required to the required to the	ents are classified correct vith federal rules and gra by; see also http://exclus search. Evidence of the Staff must not proceed was EPL, and any work then work has commenced, WG: Performance Monitoring imeliness, scope and resists. Site visits are another pients administration of the or corrective action take with applicable laws and resist of their most recent Sin wup on any findings iden	cly in bud nt condit ions.oig. search o' ith that s in prograg GBH and This invoults. This monitorine projece egulation gle Audit ntified. A	Igets and project property ions be evaluated. hhs.gov/Default.a: f the EPL must be subrecipient and meess with a subrecipient the project team a colves the project to monitoring is gening procedure to evert. All performance is also be document is. This can be accurated to the property and other and other lift responses will be	plans a All pospy). If maintainer are plent of are reseam e erally valuate monitied in complise informe	and are approved by the otential subrecipients mu Procurement staff is to co- ained in the project files, ert the Compliance depa- on the EPL must be term sponsible for monitoring nsuring that the subrecipients compose the subrecipients compitoring activities should be the project file. Compliar shed in multiple ways. Ar nation. Responses will be ied against the U.S. Federick manual subrecipients with the ied against the unit with the subrecipients with the ied against the unit with the subrecipients with the unit with the subrecipients with the unit with the subrecipients with the unit with the u	funder be st also be ompare the summare the summare the instance with the performance with the performance with the performance Monitot se document on the sent backer al Audit	t the planned use of subrecipients. It is crucial fore work begins, and that the risk of the verified against the Governments Excluded he names of each subrecipient against the EPL brecipient shows a record of suspension or /GBH is prohibited from using any mediately.Post-Contract Monitoring Once the mance of the subrecipient. Subrecipient eeting the performance requirements of the did can be accomplished through meetings, he the terms of the project/award and the need in the project files. If issues are oring WGBH is also responsible for monitoring /GBH will send a questionnaire to all known keto WGBHs Compliance department, which Clearinghouse website. If issues are identified bient and the project to resolve the issues

corrective action required of the subrecipients must be completed as soon as possible.

Inoted. A final determination on the issue (including references, if applicable) will be provided to the subrecipient within six months of issue identification and any

Page **2**

Additional Data

(a) Name and address of

Education Development Center

6 APian Way 339 Gutman Libra

43 Foundry Avenue

Waltham, MA 02453 Harvard University

Cambridge, MA 02138

(b) EIN

04-2241718

04-2103580

Software ID: 19009920 **Software Version:** 2019v5.0 **EIN:** 04-2104397

Name: WGBH Educational Foundation

Earm 000	Schodulo T. Dai	rt II Grante and Oth	ar Accietance to Domestic O	rganizations and Domestic Governments.
ruilli ssu,	Scriedule I, Fai	rt 11, Grants and Othi	er Assistance to Donnestic O	iganizations and bonnestic governments.

organization or government	іг арріісавіе	grant	casn assistance	(book, FMV, appraisal, other)	

501(c)(3)

501(c)(3)

(d) Amount of cash (e) Amount of non- (f) Method of valuation (c) IRC section

254,716

52,614

OFMV

OLFMV

(g) Description of

non-cash assistance

(h) Purpose of grant

Research services for

Research services for

or assistance

programs

programs

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Iprograms

IEarn Inc 475 Riverside Drive Ste 450 New York, NY 10115	13-3782233	501(c)(3)	130,108	0	FMV	Program services for the project
Kentucky Education Foundation	61-0722558	501(c)(3)	5,496	0	FMV	Research services for

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

600 Cooper Drive

Lexington, KY 40502

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government New York Hall of Science 11-2104059 501(c)(3) 333.333 OFMV Digital media assets 47-01 111th Street

Queens, NY 11368

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Corvallis, OR 97331

Oregon State University 61-1730890 Govt 151,336 OFMV Evaluation services for A312 Kerr Admin Iproject

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government iction services

Iprograms

The Filme Posse Inc 98 Washington Street Middletown, CT 06457	20-1473161		270,000	0	FMV	Co-production services for programs
University of California SB	95-6006145	Govt	205,000	o	FMV	Research services for

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

552 University Rd MC 2040

Santa Barbara, CA 93106

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 93493	313406	4161
Sch	nedule J	C	ompensati	ion Information	ОМВ	No. 1545	5-0047
(For	m 990)		Compensa ganization answ	rustees, Key Employees, and Highes ated Employees rered "Yes" on Form 990, Part IV, lin to Form 990.	e 23. 2	01	9
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>		instructions and the latest informati		n to P	
Nar	ne of the organiza			Em	ployer identification		
WGI	BH Educational Foun	dation		04-	2104397		
Pa	rt I Questi	ons Regarding Compensa	ation				
						Yes	s No
1a				the following to or for a person listed on y relevant information regarding these it			
	First-class	s or charter travel		Housing allowance or residence for pers	onal use		
	_	companions	님	Payments for business use of personal r			
		nification and gross-up paymen	ts 📙	Health or social club dues or initiation fe			
	LI Discretion	nary spending account	Ц	Personal services (e.g., maid, chauffeur	, cner)		
b				follow a written policy regarding paymen ve? If "No," complete Part III to explain		.b	
2				or allowing expenses incurred by all r, regarding the items checked on Line 1a		2	
	unectors, truste	es, officers, including the CEO/	Executive Director	r, regarding the items checked on time 1	1:		
3				ed to establish the compensation of the			
				not check any boxes for methods CEO/Executive Director, but explain in Pa	rt III.		
	✓ Compensa			Michael and a second			
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study			
		of other organizations	<u> </u>	Approval by the board or compensation	committee		
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the filing	organization or a		
а	_	ance payment or change-of-cor	atrol navment?			a	No
b		· · ·		ified retirement plan?		b	No
c	•		•	nsation arrangement?		lc	No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Part III.			
_	, ,,,), 501(c)(4), and 501(c)(29	, ,	•			
5	compensation c	ontingent on the revenues of:	on A, line 1a, did	the organization pay or accrue any			
а		n?				ia	No
b	-					b	No
	If "Yes," on line	5a or 5b, describe in Part III.					
6		ed on Form 990, Part VII, Section Ontingent on the net earnings o		the organization pay or accrue any			
а	The organization	n?			6	a	No
b	, ,				. •	b	No
	•	6a or 6b, describe in Part III.					
7				the organization provide any nonfixed rt III		7 Yes	5
8	subject to the in	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," descri · · · · · · · · · · · · · · · · · · ·		В	No
9				presumption procedure described in Reg	ulations section	9	110
For F	Paperwork Redu	iction Act Notice, see the In	structions for Fo	orm 990. Cat. No. 5005	3T Schedule J (F	orm 990	0) 2019

Schedule J (Form 990) 2019

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Brea	kdown of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on pric Form 990
See Additional Data Table								

Schedule J (Form 990) 2019	Page 3						
Part IIII Supplemental Inform	art III Supplemental Information						
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						
Return Reference	Explanation						

Schedule 1 (Form 990) 2019

Software ID: 19009920

Software Version: 2019v5.0

EIN: 04-2104397

Name: WGBH Educational Foundation

Form 990, Schedule	ЭJ,	Part II - Officers, Di	rectors, Trustees, K	ey Employees, and I	lighest Compensate	d Employees		
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
1Claudia Palmer		(i) Base Compensation Bonus com		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1Claudia Palmer COO	(i) (ii)	383,483	60,000 	16,767 		14,084	474,334 	
1David Bernstein VP - GM Ent & Co-Pres PBSd	(i)	124,558	35,000	445	5,402	28,407	193,812	
G., E., G. G 65 . 165 . 55 .	(ii)	144,748	97,850	8,380	19,000	882	270,860	
2 David Fanning SrAdvisor/Producer	(i)	320,619		2,769	11,200	26,765	361,353	
	(ii)							
3 Eric Brass CorpConsl Clerk	(i) (ii)	139,750	6,324 	906	5,842 	13,974 	166,796	
4 Irvin A Alexander III CFO & Treasurer	(i) (ii)	304,230	20,000	10,716	11,200	13,155	359,301	
5 James Braude Host Exec Editor	(i)	433,021	7,500	4,478	11,660	2,685	459,344	
6 John Bredar VP National Programming	(ii) (i)	365,456	55,000	16,667	13,429	25,011	475,563	
	(ii)							
7 Jonathan C Abbott President & CEO	(i)		115,000	20,822	11,200	32,464	762,984	
8 Paula Apsell Sr EP thru 5/19	(ii) (i) (ii)	146,273		826,025	4,866	11,495	988,659	
9 Raney Aronson Exec Producer	(i) (ii)	372,608	58,750	591	10,996	23,055	466,000	
10Rebecca Eaton Executive Producer	(i)	313,872	15,912	2,769	10,825	24,923	368,301	
11Susan L Kantrowitz VP Gen Counsel	(ii) (i)	256,290	15,000	1,734	10,728	29,793	313,545	
Vr Gell Courise	(ii)							
12 Suzanne Zellner VP Corp Sponsorship &	(i)	321,675	30,000	2,218	11,200	24,142	389,235	
Membership	(ii)							
13 Terry Fitzpatrick VP Children'sMedia	(i) (ii)		30,000	11,992	11,096 	12,606	362,250	
14Winifred Lenihan VP Development	(i)	288,067	30,000	1,936	11,200	22,500	353,703	
	(ii)							

DLN: 93493134064161 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** WGBH Educational Foundation 04-2104397 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (i) Pool (a) Issuer name (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On behalf of financing issuer Yes No Yes No Yes No Massachusetts Development 04-3431814 57583RYA7 05-29-2008 129,932,510 Refunded 12/10/07,3/30/06,8/11 Χ Χ Χ 49,263,554 Refunded 05/29/08 Massachusetts Development 04-3431814 57584XRV5 07-27-2016 Х Χ Χ Massachusetts Development 04-3431814 57584X6N6 12-19-2017 23,666,901 Refunded 05/29/08 Χ Х Χ Part II **Proceeds** C D Α 6,045,000 22,515,000 45,885,000 2 3 129,932,510 49,263,554 23,666,901 4 5 23,404,386 117,195,573 48,749,002 7 8,196,722 514,552 262.515 8 4,540,215 9 10 11 12 13 2008 2018 2018 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Х Χ bonds (or, if issued prior to 2018, a current refunding issue)? Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ Part Ⅲ **Private Business Use** C Α D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Χ Are there any lease arrangements that may result in private business use of bond-financed 2 Х Χ Χ For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E Schedule K (Form 990) 2019 a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue?

Was the hedge superintegrated? Was the hedge terminated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Schedule K (Form 990) 2019

6

8a

Part IV

b

C

Arbitrage

Page **2**

No

D

D

Schedule K (Form 990) 2019

No

Yes

25.420 %

1.460 %

26.880 %

Χ

Χ

В C Α Yes Nο Yes No Yes No Yes Are there any management or service contracts that may result in private business use of Х Χ Χ If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside Χ Χ

25.420 %

1.460 %

26.880 %

Χ

Χ

В

Yes

Χ

Χ

No

Χ

Χ

Χ

Νo

Χ

Χ

Χ

Х

Α

Yes

Χ

25.420 %

1.460 %

26.880 %

Χ

Х

Yes

Χ

Χ

No

Х

Х

C

b Χ counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed C Χ Χ Χ If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d

counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities other than

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

the GIC satisfied?

requirements of section 148? . . .

Return Reference

Page 3

No

D

D

No

Yes

Yes

В

No

Χ

Χ

Yes

Yes

Χ

No

R

No

C

Nο

Yes

Χ

Yes

Х

No

Explanation

Part I, Line A (f)Refunded 12/10/07, 03/30/06, 08/11/05, 04/10/02Rebate Date: 5/29/2018Part II, Line 7 (Bond A) Issuance Costs From ProceedsInformation on

our private business use during fiscal year 2020 totaled 26.88%, our analysis with our bond counsel concluded that private business use during the 36 year life of the bonds was in compliance with the tax-exempt bonds financing limits for private business use. Factors included in the analysis were WGBH's initial equity contribution of 13.3%, the 5% private business use allowance for property financed with tax-exempt bonds and WGBH's projected use of its space through 2042.

Yes

Nο

Χ

Χ

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Part VI

Part VI

Arbitrage (Continued)

DLN: 93493134064161 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** WGBH Educational Foundation 04-2104397 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 23,370 Selling Price 1 Art-Works of art . . Χ 73 Art-Historical treasures Art—Fractional interests Χ 835 Selling Price 4 Books and publications Clothing and household goods Cars and other vehicles 7 Boats and planes . . 8 Intellectual property . . Securities-Publicly traded . Χ 100 2,537,330 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures . . . Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles . . . Χ 23 6,370 Selling Price Χ 86 7,649 Selling Price 19 Food inventory . . 20 Drugs and medical supplies Taxidermy 21 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . 25 Other ▶ (Gift Certificat) Χ 30 3,388 Selling Price 28,875 Selling Price 26 Other ▶ (Travel) Χ 50 Χ 3,450 Selling Price Other ▶ (Tickets) 48 27 54,912 Selling Price Χ 135 28 Other ▶ (Other) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
is reporting in Part I, col	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization lumn (b), the number of contributions, the number of items received, or a combination of both. Also by additional information.
Return Reference	Explanation
	Automobiles are donated to WGBH through a third party organization which provides disposition services and forwards proceeds and details reporting to WGBH.
	Schedule M (Form 990) (2019)

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN:	93493134064161
SCHEDULE O (Form 990 or 990- EZ) Supplemental Information to Form Complete to provide information for responses to a Form 990 or 990-EZ or to provide any additio Attach to Form 990 or 990-EZ Solution Output Mattach to Form 990 or 990-EZ Output Mattach 990		pecific questions on al information.	OMB No. 1545-0047 2019 Open to Public Inspection
Varme l Betherolig WGBH Educational	Foundation	Employer identi 04-2104397	fication number
Return Reference	e O, Supplemental Information Explanation		
Form 990, Part VI, Line 11b: Form 990 Review Process	The Form 990 was prepared by the organization's management and reviewed visors from a national accounting firm. The Chief Financial Officer reviewed or to it being presented to the audit committee. The audit committee reviewed and approved for submission to the Internal Revenue Service. Prior to the fing electronically submitted to the Internal Revenue Service, a copy was provibers of the board of trustees.	d Form 990 pri ed the form 990 nal form bein	

Return Reference	Explanation
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	The organization maintains a written conflict of interest policy which is updated and diss eminated to all employees and trustees annually. The Chief Compliance Officer of the organ ization requires that each key employee, officer and trustee complete a conflict of interest st disclosure form annually and reviews them. In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the interest and be given the opportunity to disclose all material facts describing the nature of the affiliation, and indicating whether he or she has or may have a conflict of interest involving a ny financial transaction of WGBH. In the event there is a change in the information submit ted in the disclosure statement, the person submitting it is to promptly submit written no tification of the change. At the conclusion of the fiscal year prior to the submission of the Form 990, a governing body member is required to disclose any conflicts of interest that may have existed during the prior fiscal year using the provided questionnaire. All transactions disclosed by trustees or officers as related-party transactions shall be reviewed by the audit committee of the board of trustees, provided that only those members of the committee who have no involvement with any related-party transactions involving the Found ation ("Independent Trustees") shall participate in such review. In the case of a transact ion that is covered, the audit committee shall determine whether, all factors considered, the transaction is fair and reasonable to, and is in the best interest of the Foundation. Approval of a related-party transaction shall require a majority vote of the Independent Trustees at a meeting at which there is a quorum determined solely with regard to Independent Trustees.

Return Reference	Explanation
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	The organization's Compensation Committee of the Board of Trustees is an independent committee, the members of which each year verify that they do not have any conflicts of interes t with respect to the compensation paid to the Chief Executive Officer and top management employees. This committee reviewed the confidential feedback from the direct reports that relate to the Chief Executive Officer's annual goals and performance, and determined the C hief Executive Officer's compensation package. The committee also reviewed and approved the compensation package for all executive leaders that was prepared by the CEO and COO. The committee utilized third party data and surveyed the trustees using a questionnaire to be nchmark comparable compensation packages for the CEO and other key executive roles in func tionally comparable positions and similar sized organizations. The compensation review is an annual process and is documented each year in the compensation committee minutes, in which the deliberation and decisions regarding the compensation arrangements for the CEO and the executive leadership team are recorded. The compensation committee reports on its mee tings and actions to the full board of trustees or the executive committee of the board.

990 Schedule O, Supplemental Information

Return

Reference	
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	See explanation for Form 990, Part VI, Line 15a above.

Explanation

Return

Reference	Едріанаціон
Form 990, Part VI, Line 19: Other Organization Documents Publicly	The Organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request.
Available	

Evolunation

Return
Reference

Other
Changes In

Changes In
Net Assets
Or Fund
Balances Other
Decreases

990 Schedule O, Supplemental Information Return **Explanation** Reference Other Other gains = \$2478721 Changes In

Changes In
Net Assets
Or Fund
Balances Other
Increases

Return Reference	Explanation
Form 990, Part IV, Line 12 Question: Audited Financial Statements	As the organization and its subsidiaries meet the GAAP requirements for consolidation, the organization received consolidated audited financial statements for the year for which it is completing the return. An independent auditing firm conducted the audit of the financi al statements. The audited financial statements were prepared in accordance with GAAP.

Return Reference	Explanation
Form 990, Part IX, Line	The reclass shown in other expenses in the Statement of Functional Expenses is done to mor e accurately allocate indirect expenses to the applicable functional expense categories. (
24e Other	A) (B) (C) (D) Program Management Total Services & General Fundraising
Expenses	Event Expense -719,518719,518.Rental Expense -4,723,994

----- Total \$-5,443,512. \$0. \$-4,72

Return Explanation

mpt status.

Form 990,
Part VI, Line
16(b)
Question: Written policy or procedure on joint venture participationThe organization consu
Its with legal counsel while evaluating its participation in new joint venture agreements
to ensure the organization does not engage in activities that could jeopardize its tax-exe

Return Reference

Some 990. Jonathan C. Abbott and Henry Becton, Jr. are both officers of WGBH Educational Foundation

Part VI, Sec A, Line 2, Public Media Distribution Co. (PBSd) SCHEDULE R
(Form 990)

Related

Department of the Treasury

WGBH Educational Foundation

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019

DLN: 93493134064161

Open to Public Inspection

Employer identification number

04-2104397

Part I Identification of Disregarded Entities. Complete if the	organization answe	ered "Yes" on Form	990, Part IV, line	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (sta or foreign country	(d) ate Total income	(e) End-of-year assets	(f) Direct controlling entity	ı	
(1) PRI PRX LLC 66 CHURCH STREET CAMBRIDGE, MA 02138	PUBLIC MEDIA	MA			WGBH		_
							_
							_
							-
Part II Identification of Related Tax-Exempt Organizations. Co	omplete if the orga	nization answered	"Yes" on Form 990), Part IV, line 34	because it had one o	r more	_
related tax-exempt organizations during the tax year. ee Additional Data Table				,			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) cor enti	512(b)
						Yes	No
or Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat. No. 5013	5Y		Schedule R (Form	990) 20	019

(a)	reated as a partne	(b)	(c)	(d)	(e)	(f)	(g)	(I	1)	(i)	(j	i)	(k)
Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end- of-year assets	Disprop alloca	rtionate			ral or aging	Percentag ownership
								Yes	No		Yes	-	
(1) Public Media Distribution Company 2100 Crystal Drive Arlington, VA 22202 26-3659281		Distribution	VA	PBS	Related	15,308,211	22,287,308		No	146,004		No	40.000
(2) National Public Media		Underwriting	DE	NPR	Related		293,618		No	31,786		No	18.000
156 West 56th St Ste 903 New York, NY 10019 26-1156765													
					+								
9							answered "Ye	es" on	Form	990, Part I'	V, lin	ne 34	
Part IV Identification of Related Organia because it had one or more related (a) Name, address, and EIN of related organization		ted as a corpo	(c) Legal domicile ate or for	or trust duri	(d) Direct controlling		(f) Share of total income	Share	(g) e of end year assets	l-of- Perc	V, lir (h) entage	e	(i) Section 512 (13) control entity?
because it had one or more related (a) Name, address, and EIN of related organization	organizations treat	ced as a corpo	ration (c) Legal domicile	or trust duri	ng the tax ye (d) Pirect controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total	Shar	(g) e of end year	l-of- Perc own	(h) entage	e	(i) Section 512 (13) control
(a) Name, address, and EIN of related organization (1)Contributor Development Partnership 10 Guest Street Boston, MA 02135	organizations treat (b) Primary activity	ced as a corpo	ration (c) Legal domicile ate or for country	or trust duri	ng the tax ye (d) Pirect controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	Shar	(g) e of end year assets	l-of- Perc own	(h) entago ership	e	(i) Section 512 (13) control entity? Yes N
(a) Name, address, and EIN of related organization (1)Contributor Development Partnership 10 Guest Street Boston, MA 02135	organizations treat (b) Primary activity	ced as a corpo	ration (c) Legal domicile ate or for country	or trust duri	ng the tax ye (d) Pirect controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	Shar	(g) e of end year assets	l-of- Perc own	(h) entago ership	e	(i) Section 512 (13) control entity? Yes N
(a) Name, address, and EIN of related organization (1)Contributor Development Partnership 10 Guest Street Boston, MA 02135	organizations treat (b) Primary activity	ced as a corpo	ration (c) Legal domicile ate or for country	or trust duri	ng the tax ye (d) Pirect controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	Shar	(g) e of end year assets	l-of- Perc own	(h) entago ership	e	(i) Section 512 (13) control entity? Yes N
(a) Name, address, and EIN of related organization (1)Contributor Development Partnership 10 Guest Street Boston, MA 02135	organizations treat (b) Primary activity	ced as a corpo	ration (c) Legal domicile ate or for country	or trust duri	ng the tax ye (d) Pirect controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	Shar	(g) e of end year assets	l-of- Perc own	(h) entago ership	e	(i) Section 512 (13) control entity? Yes N
because it had one or more related (a) Name, address, and EIN of	organizations treat (b) Primary activity	ced as a corpo	ration (c) Legal domicile ate or for country	or trust duri	ng the tax ye (d) Pirect controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	Shar	(g) e of end year assets	l-of- Perc own	(h) entago ership	e	(i) Section 512 (13) control entity? Yes N
(a) Name, address, and EIN of related organization (1)Contributor Development Partnership 10 Guest Street Boston, MA 02135	organizations treat (b) Primary activity	ced as a corpo	ration (c) Legal domicile ate or for country	or trust duri	ng the tax ye (d) Pirect controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	Shar	(g) e of end year assets	l-of- Perc own	(h) entago ership	e	(i) Section 512 (13) control entity? Yes N

Page **3**

	,	: IV, line 34	, 555, .	51 50.					
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations	s listed in P	Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							1a		No
b Gift, grant, or capital contribution to related organization(s)							1 b	Yes	
c Gift, grant, or capital contribution from related organization(s)							1c	Yes	
d Loans or loan guarantees to or for related organization(s)							1 d	Yes	
e Loans or loan guarantees by related organization(s)					•		1e		No
f Dividends from related organization(s)							1 f		No
g Sale of assets to related organization(s)							1 g	Yes	
h Purchase of assets from related organization(s)							1h	Yes	
i Exchange of assets with related organization(s)							1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)					•		1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)							1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)							11		No
m Performance of services or membership or fundraising solicitations by related organization(s)							1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							1n		No
o Sharing of paid employees with related organization(s)							10	Yes	
p Reimbursement paid to related organization(s) for expenses							1 p	Yes	
q Reimbursement paid by related organization(s) for expenses				•		ē	1 q	Yes	
r Other transfer of cash or property to related organization(s)							1r		No
${f s}$ Other transfer of cash or property from related organization(s)							1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including a see Additional Data Table	covered rel	ationships ar	nd transa	action t	hresho	lds.			
(a) (b) Name of related organization Transac type (a	ction	(c) Amount involv	/ed	Met	thod of o	(d) determining a	mount i	nvolved	d

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Fo	rm 990) 2019		Page 5						
Part VII	Supplemental Info	mation							
	Provide additional information for responses to questions on Schedule R. (see instructions).								
Return Reference		Explanation							

Additional Data

One Guest Street Boston, MA 02135 04-3312068

One Guest Street Boston, MA 02135 04-3312069

One Guest Street Boston, MA 02135 52-1224699

66 CHURCH STREET CAMBRIDGE, MA 02138

1525 Main Street Springfield, MA 01103 04-6130523

15 South Street Suite 1020 Minneapolis, MN 55402

26-3347402

41-1425271

Software ID: 19009920 Software Version: 2019v5.0

Music rights

Program distribution

Distribution of Public

Radio Programming

Public Broadcasting

Radio network

EIN: 04-2104397

Name: WGBH Educational Foundation

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
	Music rights	MA	501(c)(3)	12b	WGBH	Yes	
One Guest Street Boston, MA 02135 04-3538634							
	Music rights	MA	501(c)(3)	12b	WGBH	Yes	
One Guest Street Boston, MA 02135 04-3538632							
	Music rights	MA	501(c)(3)	12b	WGBH	Yes	

MA

MA

MA

MΑ

MN

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

12b

12b

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lwgbh

WGBH

lwgbh

WGBH

WGBHKCETWNET.

Yes

Yes

Yes

Yes

Yes

(b) (c) Name of related organization Transaction Amount Involved (d) Method of determining amount involved type(a-s) PRX INC 112,500 Accrual Ь PRX INC 2,743,527 С Accrual PRX INC d 6,000,000 Accrual PRX INC 2,709,999 Accrual g PRX INC h 3,222,438 Accrual New England Public Media Inc ь 9,432,260 Accrual New England Public Media Inc 1,500,000 Accrual d Public Media Distribution Company 4,354,236 Accrual g Public Media Distribution Company 313,510 h Accrual Public Media Distribution Company 237,852 Accrual Public Media Distribution Company 252,078 Accrual q Contributor Development Partnership 3,900,000 Accrual d Contributor Development Partnership 318,098 Accrual Contributor Development Partnership 4,324,605 Accrual m

379,887

р

Accrual

Form 990, Schedule R, Part V - Transactions With Related Organizations

Contributor Development Partnership